

Application  
must be  
postmarked by:  
February 28,  
2004



## Affordable Prescription Coverage for Missouri's Seniors



**Application for New Enrollees**  
Plan Year: July 1, 2004 – June 30, 2005



### You may qualify if...

- You are 65 as of July 1, 2004 **AND**
- You have lived in Missouri for the past 12 months **AND**
- Your total household income is \$17,000 or below  
for an individual or \$23,000 or below for a married couple **AND**
- You have no other prescription drug insurance that is  
equal to or better than the Missouri SenioRx Program\*

\* You are not eligible for the Missouri SenioRx Program if you are  
enrolled in Medicaid or receive veterans pharmacy benefits.

**ATTENTION**  
**CURRENT**  
**MEMBERS:**

Your re-enrollment  
form will be mailed  
directly to your  
home.

## For Assistance:

Call toll-free 1-866-556-9316  
(24 hours a day, 7 days a week)

OR visit

[www.missouriseniorx.com](http://www.missouriseniorx.com)



**Governor: Bob Holden**  
**Missouri Commission for the**  
**MISSOURI SENIORx PROGRAM**

**Chairman,**  
**Lt. Governor:**  
Joe Maxwell

**Dept. of Health**  
**& Senior Services:**  
Joy Williams

**Senator:**  
Bill Foster

Ward Bond R. Ph.

**Senator:**  
Jim Mathewson

Kathy Iman

**Representative:**  
Sam Page

Charles Jensen

**Representative:**  
Kevin Threlkeld

Lon Lowrey

**Director of**  
**Medical Services:**

Jacqui Moore






# The Missouri SenioRx Program

The Missouri SenioRx Program was created by the State Legislature to help Missouri's seniors pay for their prescription drugs. The Missouri SenioRx Program is administered through the Department of Health and Senior Services and ACS State Healthcare.

Once eligible seniors pay an annual enrollment fee and meet an annual deductible, the Missouri SenioRx Program will pay 60% of covered prescription costs, with a maximum annual benefit of \$5,000. The enrollment fee and deductible are based on income.

	Individual income of \$12,000 or below OR Married income of \$17,000 or below	Individual income of \$12,001 - \$17,000 OR Married income of \$17,001 - \$23,000
<b>Enrollment Fee</b>	<b>\$25</b>	<b>\$35</b>
<b>Deductible</b>	<b>\$250</b>	<b>\$500</b>
<b>State Pays (per eligible prescription)</b>	<b>60%</b>	<b>60%</b>
<b>Maximum Benefit</b>	<b>\$5,000</b>	<b>\$5,000</b>

Enrollment fee, deductible, and benefits are per member, on an annual basis

## THINGS YOU SHOULD KNOW!

- Enrollment is allowed only during January and February each year. However, if you turn 65 during the plan year, you can apply within 30 days of your birthday.
- Discount drug cards that provide an in-store discount on certain drugs cannot be used together with the Missouri SenioRx Program for the same purchase.
- If you were married and you lived with your spouse anytime during 2003, and are now a widow(er), you must report your 2003 income and your spouse's 2003 income. You must report your marital status as of the date you complete the application. You may be eligible for a \$2000 marital deduction (see application).
- If you are enrolled in Medicaid, including Medicaid spenddown, you are NOT eligible for the Missouri SenioRx Program. (This means Medicaid, not Medicare).
- The Missouri SenioRx Program covers most drugs – generic and brand. By state law, certain types of drugs are not covered, including all non-prescription drugs, drugs used for weight gain or anorexia, and most prescription vitamins.

**The Missouri SenioRx Program is an Equal Opportunity/Affirmative Action Employer.  
Services provided on a non-discriminatory basis.**

# INSTRUCTIONS FOR COMPLETING APPLICATION

If you are a re-enrollee, **STOP!** Re-enrollees should not use this application. Your re-enrollment form will be mailed directly to your home. Call toll-free 1-866-556-9316, if you have not received your re-enrollment form or if you are a new enrollee and need assistance completing this form. To apply complete the attached application and include the required documents (proof of age and residency). Mail the application and required documents to the Missouri SenioRx Program, P.O. Box 502328, Atlanta, GA 31150-2328 in the enclosed postage paid envelope. Your application must be postmarked by February 28, 2004.

## Section 1

Fill in the circle with your current marital status. Your current marital status is your marital status at the time you complete this application. If you and your spouse are both applying, you must use separate applications.

## Section 2

Complete this section with your information. For address/city/state/zip, please enter what we should use when we send you information.

**Proof of RESIDENCE must accompany this application.**  
**Documentation of residence shall include a copy of one of the following:**  
**DO NOT SEND ORIGINALS!**

- Valid driver's license (preferred)
- Valid Missouri state identification card (preferred)
- Certification of residency in a nursing home or assisted living facility
- Completed and signed income tax return with the applicant's name and address preprinted on form
- Utility bill with address
- Voter registration card
- Note from physician
- Notarized letter of residency

**Proof of AGE must accompany this application.**  
**Documentation of age shall include a copy of one of the following:**  
**DO NOT SEND ORIGINALS!**

- Valid driver's license/US passport (preferred)
- Valid Missouri state identification card (preferred)
- Birth certificate
- Certified hospital records
- Military ID/discharge papers
- Social Security records containing date of birth
- Medicare card/records with age preprinted
- Bible/school/baptismal records
- Marriage certificate containing date of birth
- Child's birth certificate with applicant's date of birth

## Section 3

Fill in the circles that accurately answer the questions about yourself.

Estimate and enter the amount of money you paid out of pocket for prescription drugs in 2003. Please **DO NOT** mail pharmacy print outs of medications.

## Section 4

Complete this section **ONLY** if you are currently enrolled in another prescription drug insurance program. Discount drug cards and Missouri SenioRx cards should **NOT** be listed. **PLEASE** include a copy of the front and back of your other insurance card. The Missouri SenioRx Program will use this information to determine eligibility and whether you can receive a benefit from both cards. **DO NOT SEND ORIGINALS!**

## Section 5

See instructions included in the Income Information section.

## Section 6

Read the statement of understanding and sign your name. Enter the date that you completed the application. **DO NOT** send checks or money with your application. After you have been approved for participation you will receive a letter requesting your enrollment fee.



## Missouri SenioRx Program

First Name

--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## SECTION 5 INCOME INFORMATION

**Married couples:** If you are married, you must report your income and your spouse's. This applies even if your spouse is not applying. If you are married and living separately from your spouse during all of 2003, report your income and one-half of any joint income. You may claim the \$2000 marital deduction only if you are reporting your income and your spouse's income.

**Qualifying widow(er):** If your spouse died on or after January 1, 2003 AND had income during 2003, you must report both your income and your spouse's income and you may claim the \$2000 marital deduction.

**All other applicants:** You only need to report your own income. You may not claim the \$2000 marital deduction.

1. Total 2003 Household Income - (See box below)

\$ 

--	--	--	--	--

 . 

0	0
---	---

2. Marital Deduction - Enter \$2000 if you checked Married or Qualifying Widow(er) in Section 1. Enter \$0.00 if you checked Single/Widowed/Divorced or Married, Living Separately for all of 2003.

- \$ 

--	--	--	--	--

 . 

0	0
---	---

3. Net Household Income (subtract line 2 from line1)

= \$ 

--	--	--	--	--

 . 

0	0
---	---

**What to include in "Household Income"**

- Social Security, railroad retirement, and veteran benefits payments. Note: If your veteran's pension is related entirely to a service connected disability, you are not required to report it.
- All other public and private pensions and annuities
- Public relief, public assistance, and unemployment benefits
- Wages, salaries and tips
- Dividends and taxable and non-taxable interest
- Alimony
- Income or loss from a trade or business

- Capital gains
- Income from rents and royalties
- Income from partnerships, S-corporations and trusts
- Income or loss from farming

**What not to include in "Household Income"**

- Non-taxable income such as gifts, inheritances and income from the sale of your personal residence
- Missouri property tax credit refunds
- Losses not incurred in a trade or business
- Payments under the Foster Grandparents Program

## SECTION 6 STATEMENT OF UNDERSTANDING AND SIGNATURE

I certify and attest that the information I provide on this application, along with any supporting documentation is true and accurate, to the best of my knowledge. I understand that this information is subject to verification, (including information matching with other state and federal agencies, such as the Department of Revenue) and hereby authorize the Missouri SenioRx Program to obtain or release any necessary information to determine my eligibility for the Program. I understand if I refuse to cooperate with any request for information, I may be denied benefits, or terminated from the Program. I further understand if I knowingly falsify information, or attempt to defraud the Program I will be subject to the penalties in section 208.556.9, RSMo.

Please Sign



\_\_\_\_\_  
Applicant's Signature

--	--

 / 

--	--

 / 

--	--	--	--

  
Date of Application (MM/DD/YYYY)

Pursuant to section 208.556.9, RSMo, your application and documentation are confidential and will not be disclosed for any purpose that is not related to the Missouri SenioRx Program. The Commission reserves the right to adjust any and all program requirements for cost control or to restrict eligibility as a last resort for cost control. Mail the application and required documents to the Missouri SenioRx Program, P.O. Box 502328, Atlanta, GA 31150-2328 in the enclosed postage paid envelope. Your application must be postmarked by February 28, 2004.

**DO NOT send any checks or money with your application.**



# Important Contact Information

For assistance filling out this application, please contact the Missouri SenioRx Program customer service toll-free at 1-866-556-9316 or contact any of the entities listed below.

---

**This page is reserved for enrollment partner contact information.**



## **For Assistance:**

Call toll-free 1-866-556-9316  
(24 hours a day, 7 days a week)

OR visit

[www.missouriseniorx.com](http://www.missouriseniorx.com)